

From the results in Table 11, it appears that most North Carolina Hospitals have been using pay differentials and/or scheduling options as their primary strategies for retaining nursing personnel. However, there are several additional strategies listed in Table 11 that are known to be effective, often at lower cost; yet only a small number of hospitals were taking advantage of these additional options. We may see more hospitals adopt public recognition programs, develop career ladders or transition into shared governance management philosophies as nurses become a scarcer resource in the future. Often, hospitals become more creative in their retention strategies during personnel shortages. Unfortunately, as shortage conditions ease, many employers assume that they no longer need to worry about recognizing the efforts of their workforce, and often discontinue successful programs, citing the cost as unnecessary. However, this on-again, off-again approach to employee retention may be a contributing factor in the cyclical shortages of nurses and other health care personnel.

Table 11. Percent of Hospitals Engaged in Activities Intended to Retain Existing Employees

<i>Percent</i>	<i>Activity</i>
99.0	Offers differential pay for evening and/or night shifts
85.0	Allows flexible scheduling
83.0	Ensures competitive compensation
73.0	Includes staff RNs on policy-making committees
72.7	Offers differential pay for weekend shifts
58.6	Offers permanent shift placement for staff
51.0	Offers weekend-only work option
48.0	Offers public recognition programs for nursing personnel
34.0	Have career ladders available
31.0	Allows shared governance management structures
29.0	Conducts workload assessments
12.0	Offers retention bonus and/or longevity pay
1.0	Offers none of these retention activities

Hospital size also had an effect on the percentage of hospitals using a given retention strategy. For example, 64.5% of hospitals with fewer than 100 budgeted RN FTEs staff positions said they ensure competitive compensation, compared to 87% of hospitals with budgeted RN FTEs of 101 to 200, and 94% for hospitals with RN FTE staff sizes of greater than 200 (chi-square p-value = 0.006). A similar relationship occurs in regard to the use of differential pay for weekends shifts.

Approximately 55% of smaller hospitals with fewer than 100 RN FTEs offered this type of